

213047336
11168

State of Nebraska
Investigator's Motor Vehicle Accident Report

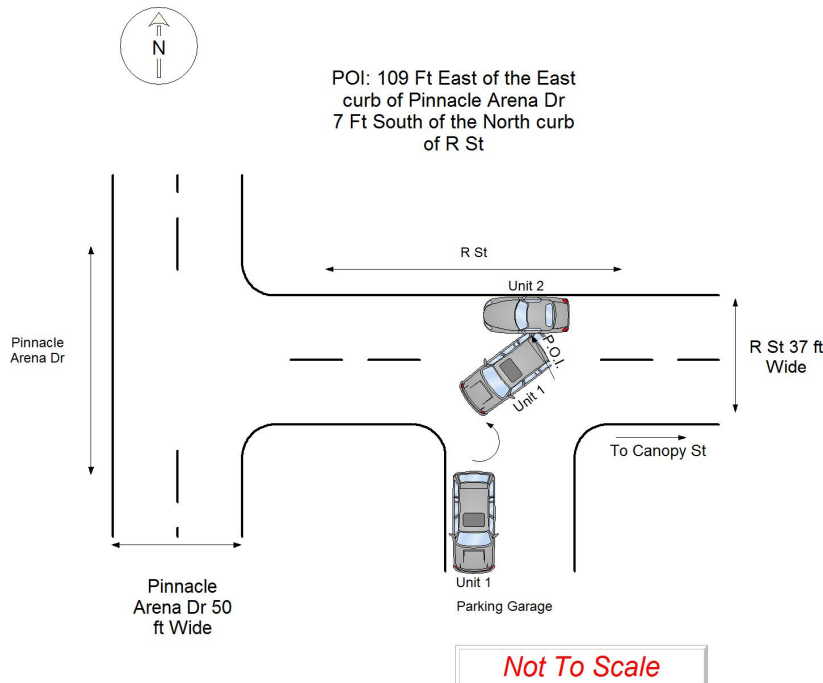
Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 021	Agency Case No. B3-115198	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 12/14/2013		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		STATE USE ONLY Amended 01/12/2014 LATITUDE LONGITUDE							
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1645	POLICE NOTIFIED 1648								
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. R St/ Canopy St- Pinnacle Arena Dr			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO								
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.								
D	IF AT INTERSECTION	NAME OF INTERSECTING ROADWAY					IF NOT AT INTERSECTION						
1		109.00					X FEET <input type="radio"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
V1/M	19	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN							
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
F	1	VEHICLE NO. 1											
V1/N	1	DRIVER LICENSE NO.	G34002896	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V2/N	1	DRIVER	PAUL R FARMER	PHONE	4027591044	LOCAL NO.							
G	2	DRIVER ADDRESS	133 N 16TH ST, GENEVA, NE 68361	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	05/31/1947							
H	5	OWNER	PAUL R FARMER	PHONE	4027591044	LOCAL NO.							
V1/O	2	OWNER ADDRESS	133 N 16th St, Geneva, NE 68361	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB410026							
V2/O	2	LICENSE PLATE	PA NO. 34E219	YEAR (Plate Expires)	2014	STATE (Of Plate) NE							
V1/O	2	VEHICLE	2011	MAKE	Acura	MODEL	MDX	BODY STYLE	Compact Utility	COLOR	red	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 500
V2/O	2	VEHICLE ID NO. (VIN)	2HNYD2H28BH538026	INSURANCE COMPANY	Progressive	POLICY NO.	901572617						
I	1	VEHICLE NO. 2											
V1/P	1	DRIVER LICENSE NO.	H13346566	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V2/P	1	DRIVER	FAISAL AL DOSARI	PHONE	4024199191	LOCAL NO.							
J	01	DRIVER ADDRESS	411 N 43RD ST APT 1226, LINCOLN, NE 68503	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	09/16/1989							
V1/Q	4	OWNER	STEPHANIE J JOHNSON	PHONE	4023189736	LOCAL NO.							
V2/Q	4	OWNER ADDRESS	5524 FREMONT ST, LINCOLN, NE 68504	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.							
V1/Q	4	LICENSE PLATE	QATAR	YEAR (Plate Expires)	2014	STATE (Of Plate) NE							
V2/Q	4	VEHICLE	2011	MAKE	Chevrolet	MODEL	Camaro	BODY STYLE	2 door Sedan	COLOR	orange	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 800
V1/Q	4	VEHICLE ID NO. (VIN)	2G1FS1EW7B9129877	INSURANCE COMPANY	Viking	POLICY NO.	275629875						
K	01	TOWED TO		TOWED BY									
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B3-115198



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated he was operating a motor vehicle attempting to enter the parking garage when the parking attendant told him it was full. D1 stated he started backing up to get back out to the street, when he collided with V2. D2 stated he was parked across the street from the parking garage waiting for a friend. D2 stated while he was parked he was struck by V1. Diana stated she told V2 to move his vehicle because there would be a lot of traffic coming out of the garage since the basketball game ended. Diana stated V2 refused to move. Diana stated she told V1 the parking garage was full, and when V1 backed out of the garage V1 collided with V2. V1 was cited and released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Diana R Keller 1125 A St Apt 4, Lincoln, NE 68502				ADDRESS 68502
	NAME				PHONE 4022170877

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2		VEH 1	
1	X				Parking Garage		POINT OF IMPACT	04	POINT OF IMPACT	07	4		2		Y		Y		Y	
2				X	R St		MOST DAMAGED AREA	04	MOST DAMAGED AREA	07	4		2		N		N		N	
1	02	06 Turning left				04		07		1 Deployed - front		1 None used - vehicle occupant		BAC LEVEL		Driver No. 1		Driver No. 2		
2	10	08 Entering traffic lane				04		07		2 Deployed - side		2 Lap & shoulder belt used		ALCOHOL/ DRUGS SUSPECTED		1		1		
					09 Leaving traffic lane				3 Deployed - both front/side				3 Shoulder belt only used				1 Neither alcohol nor drugs suspected			
					10 Undercarriage				4 Not deployed				4 Lap belt only used				2 Yes - alcohol suspected			
					11 Total (all areas)				5 Not applicable/ No airbag available				5 Child safety seat used				3 Yes - drugs suspected			
					12 Other				6 Unknown				6 Child booster seat used				4 Yes - alcohol & drugs suspected			
					01 Essentially straight ahead				08				7 DOT approved helmet used				5 Unknown			
					02 Backing				09				8 Costume helmet used							
					03 Changing lanes				10				9 Restraint use unknown							
					04 Overtaking/ Passing				11											
					05 Turning right				12											
					13 Unknown				13											

OFFICER NO. 1715	TROOP/ TEAM/ BEAT	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Stake Jessica		INVESTIGATOR SIGNATURE Approved by Officer Jessica Stake	
DATE OF REPORT 01/12/2014			